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Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning 07/01, 2011, and ending 05/30, 2012. See separate instructions.

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(03) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)  <b>C</b> Book value of all assets at end of year  16,253,109.	<b>Print or Type</b>  Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions )  CHRISTIANA CARE HEALTH INITIATIVES, INC.  Number, street, and room or suite no. If a P O box, see instructions  200 HYGEIA DRIVE 2351  City or town, state, and ZIP code  NEWARK, DE 19713-2049	<b>D</b> Employer identification number (Employees' trust, see instructions)  51-0295186
		<b>E</b> Unrelated business activity codes (See instructions)  62110
<b>F</b> Group exemption number (See instructions) ▶		
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

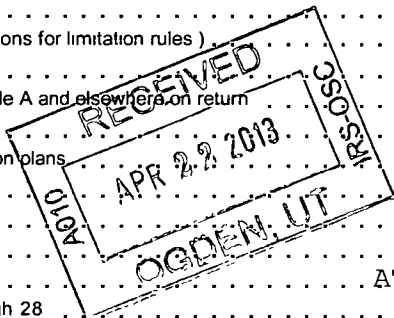
**H** Describe the organization's primary unrelated business activity ▶ RENT FROM DEBT-FINANCED PROPERTY

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation ▶ ATTACHMENT 1

**J** The books are in care of ▶ BARRY DAHLLOF, JR. Telephone number ▶ 302-623-7422

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7	276,320.	276,320.
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	276,320.	276,320.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	2,253.
29	<b>Total deductions.</b> Add lines 14 through 28	29	2,253.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	274,067.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	274,067.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	273,067.



ATTACHMENT 2

9518

Part III Tax Computation

Table with 3 columns: Description, Amount, and Total. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Total. Rows include Foreign tax credit, Other credits, Total credits, Other taxes, Total tax, Payments, Estimated tax penalty, Tax due, Overpayment, and Credited to 2012 estimated tax.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, and No. Questions regarding foreign interest, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Line number, Description, and Amount. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Do the rules of section 263A apply.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date 4/17/13, Title President. Includes a box for IRS discussion consent.

Paid Preparer Use Only: Print/Type preparer's name ANTONIO C. RUSSO, Preparer's signature Antonio C Russo, Date 04/12/2013, Firm's name PRICEWATERHOUSECOOPERS LLP, Firm's address 2001 MARKET ST, SUITE 1700 PHILADELPHIA, PA 19103.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions. Rows (1) through (4).

Table with 5 columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Rows (1) through (4).

Totals

Enter here and on page 1, Part I, line 7, column (A) 276,320. Enter here and on page 1, Part I, line 7, column (B)

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income. Rows (1) through (4).

Totals. Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Schedule J - Advertising Income (see instructions)**

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)**

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

Consent Plan and Apportionment Schedule  
for a Controlled Group

2011

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC  
▶ See separate instructions.

Name **CHRISTIANA CARE HEALTH INITIATIVES INC.** Employer identification number **51-0295186**

**Part I Apportionment Plan Information**

- 1 Type of controlled group.
  - a  Parent-subsidiary group
  - b  Brother-sister group
  - c  Combined group
  - d  Life insurance companies only
  
- 2 This corporation has been a member of this group:
  - a  For the entire year.
  - b  From \_\_\_\_\_, until \_\_\_\_\_.
  
- 3 This corporation consents and represents to.
  - a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on 06/30/2012, and for all succeeding tax years
  - b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending \_\_\_\_\_, and for all succeeding tax years
  - c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
  - d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.
  
- 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was.
  - a  Elected by the component members of the group
  - b  Required for the component members of the group
  
- 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions)
  - a  No apportionment plan is in effect and none is being adopted.
  - b  An apportionment plan is already in effect. It was adopted for the tax year ending \_\_\_\_\_, and for all succeeding tax years
  
- 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?  
See instructions
  - a  Yes
    - (i)  The statute of limitations for this year will expire on \_\_\_\_\_
    - (ii)  On \_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_.
  - b  No. The members may not adopt or amend an apportionment plan
  
- 7 Required information and elections for component members. Check the applicable box(es) (see instructions)
  - a  The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income
  - b  The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1)
  - c  The corporation has a short tax year that does not include December 31

**Part II Taxable Income Apportionment (See instructions)**

**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	CHRISTIANA CARE HEALTH SYSTEM, INC. 52-1479538	2012-06	NONE	NONE	NONE	NONE	NONE	
2	CHRISTIANA CARE HEALTH INITIATIVES, INC. 51-0295186	2012-06	50,000.	25,000.	198,067.	NONE	273,067.	
3	CHRISTIANA CARE HEALTH SERVICES, INC 51-0103684	2012-06	NONE	NONE	NONE	NONE	NONE	
4	CHRISTIANA CARE HEALTH PLANS, INC 51-0352728	2011-12	NONE	NONE	NONE	NONE	NONE	
5	CHRISTIANA CARE VASCULAR SPECIALIST 20-8303207	2012-06	NONE	NONE	NONE	NONE	NONE	
6	ALL ABOUT WOMEN OF CHRISTIANA CARE, INC 29-3894053	2012-06	NONE	NONE	NONE	NONE	NONE	
7	THE DELAWARE CENTER FOR MEN CHRISTI ANA CARE 20-5541169	2012-06	NONE	NONE	NONE	NONE	NONE	
8	CHRISTIANA CARE HOME HEALTH & COMM SERVICES 51-0064334	2012-06	NONE	NONE	NONE	NONE	NONE	
9								
10								
<b>Total</b>			50,000.	25,000.	198,067.	NONE	273,067.	

Schedule O (Form 1120) (2011)

**Part III Income Tax Apportionment (See instructions)**

**Income Tax Apportionment**

(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 CHRISTIANA CARE HEALTH SYSTEM, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 CHRISTIANA CARE HEALTH INITIATIVES, INC.	7,500.	6,250.	67,343.	NONE	8,653.	NONE	89,746.
3 CHRISTIANA CARE HEALTH SERVICES, INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 CHRISTIANA CARE HEALTH PLANS, INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 CHRISTIANA CARE VASCULAR SPECIALIST ALL ABOUT WOMEN OF CHRISTIANA CARE, INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 THE DELAWARE CENTER FOR MEM CHRISTI ANA CARE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 CHRISTIANA CARE HOME HEALTH & COMM SERVICES	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9							
10							
<b>Total</b>	7,500.	6,250.	67,343.	NONE	8,653.	NONE	89,746.

Schedule O (Form 1120) (2011)



**Part IV Other Apportionments (See instructions)**

**Other Apportionments**

(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 CHRISTIANA CARE HEALTH SYSTEM, INC.	NONE	NONE	NONE	NONE	NONE
2 CHRISTIANA CARE HEALTH INITIATIVES, INC.	NONE	NONE	NONE	NONE	NONE
3 CHRISTIANA CARE HEALTH SERVICES, INC	NONE	NONE	NONE	NONE	487,100.
4 CHRISTIANA CARE HEALTH PLANS, INC	NONE	NONE	NONE	NONE	NONE
5 CHRISTIANA CARE VASCULAR SPECIALIST	NONE	NONE	NONE	NONE	NONE
6 ALL ABOUT WOMEN OF CHRISTIANA CARE, INC	NONE	NONE	NONE	NONE	NONE
7 THE DELAWARE CENTER FOR MEN CHRISTI ANA CARE	NONE	1,000.	NONE	NONE	12,900.
8 CHRISTIANA CARE HOME HEALTH & COMM SERVICES	NONE	NONE	NONE	NONE	NONE
9					
10					
<b>Total</b>	NONE	1,000.	NONE	NONE	500,000.

Schedule O (Form 1120) (2011)

SCHEDULE O, PART IV DETAIL

=====

COLUMN (F) - OTHER

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CHRISTIANA CARE HEALTH SERVICES, INC.  
SEC 179 ALLOCATION

487,100.

THE DELAWARE CENTER FOR MFM CHRISTIANA CARE  
SEC 179 ALLOCATION

12,900.

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

CHRISTIANA CARE HEALTH SYSTEM (EIN: 52-1479538)

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

2,253.

PART II - LINE 28 - OTHER DEDUCTIONS

2,253.

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T .....	273,067.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	50,000.
3	SUBTRACT LINE 2 FROM LINE 1 .....	223,067.
4	LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	25,000.
5	SUBTRACT LINE 4 FROM LINE 3 .....	198,067.
6	LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	198,067.
7	SUBTRACT LINE 6 FROM LINE 5 .....	
8	ENTER 15% OF LINE 2 .....	7,500.
9	ENTER 25% OF LINE 4 .....	6,250.
10	ENTER 34% OF LINE 6 .....	67,343.
11	ENTER 35% OF LINE 7 .....	
12	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE EXCESS OVER \$100,000 OR (B) \$11,750 .....	8,653.
13	MEMBER'S SHARE OF ADDITONAL TAX: (A) 3% OF THE EXCESS OVER \$15 MILLION OR (B) \$100,000 .....	
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON LINE 35C, PAGE 2, 990-T .....	89,746.

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

ATTACHMENT 4

1	2	3	4	5	6	7	8
DESCRIPTION OF DEBT-FINANCED PROPERTY	GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED (3A)	AVERAGE ACQUISITION DEBT	AVERAGE ADJUSTED BASIS	% 4 IS OF 5	GROSS INCOME REPORTABLE (2 X 6)	ALLOCABLE DEDUCTIONS 6 * (3A + 3B)
GLASGOW MEDICAL CENTER L L C	276,320		7,660,943	5,000,830	100.000	276,320	
TOTALS						<u>276,320</u>	

## Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions	
	CHRISTIANA CARE HEALTH INITIATIVES, INC.	<input checked="" type="checkbox"/>	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions	<input type="checkbox"/>	51-0295186
	200 HYGEIA DRIVE		Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	NEWARK, DE 19713-2049		

Enter the Return code for the return that this application is for (file a separate application for each return)  0  7

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ BARRY DAHLLOF, JR.

Telephone No ▶ 302 623-7420

FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶  calendar year 20 \_\_\_\_ or
  - ▶  tax year beginning 07/01, 20 11, and ending 06/30, 20 12
- 2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	123,371.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	98,371.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	25,000.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.